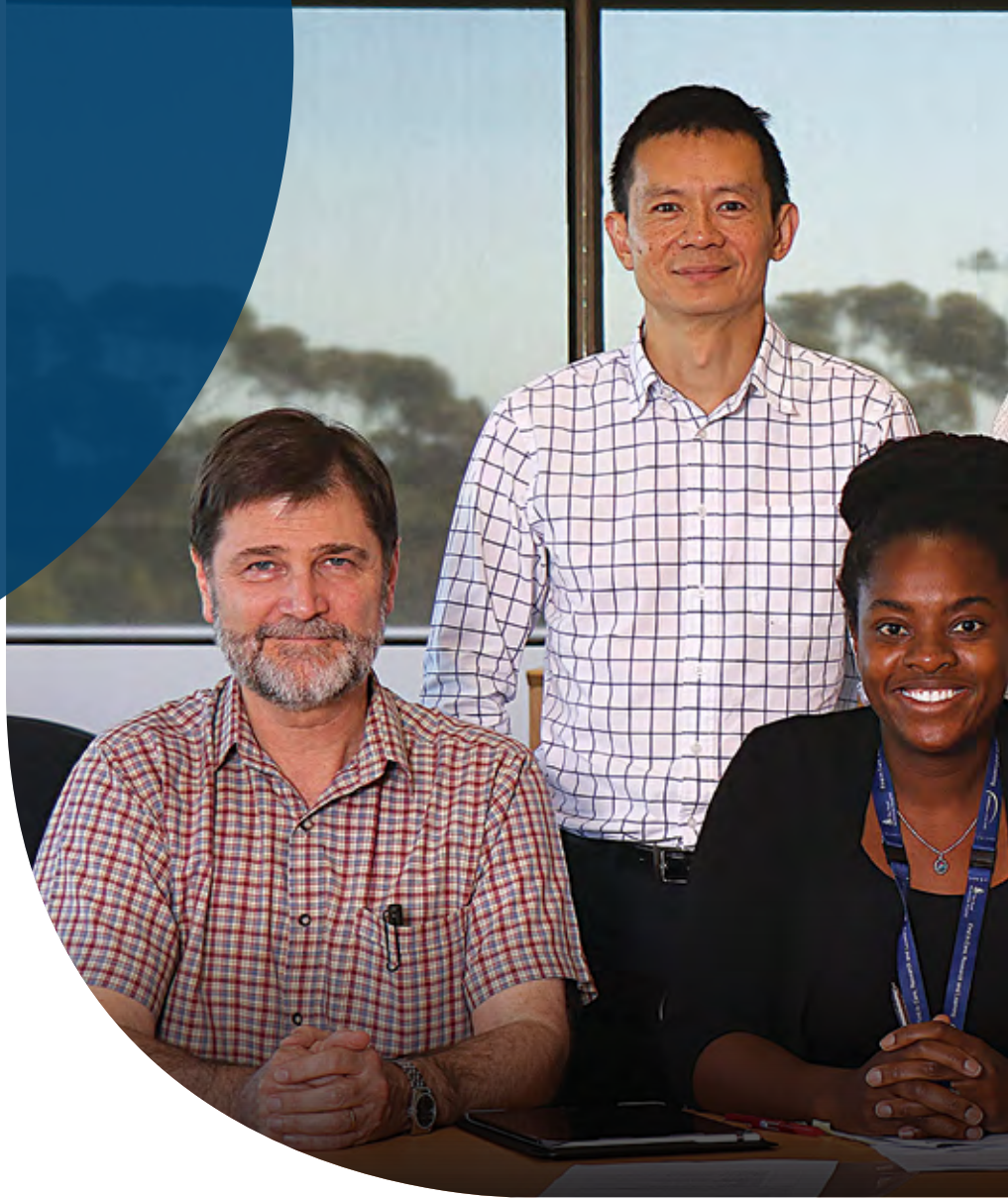


Profile

Good Council

Ruby Selwood-Thomas

Working as a psychologist in Melbourne's western suburbs for 17 years, Kaye Frankcom witnessed first-hand the massive growth in demand for mental health services, as well as the desire for system reform both in the community and in the workforce.



MS FRANKCOM WAS WELL PLACED to make a direct contribution to the mental health of her clients, but she wanted the opportunity to have a say and provide input on the mental health needs of the community on a much larger scale. Her desire to reform the system led her to North Western Melbourne Primary Health Network's Clinical Advisory Council.

"The Clinical Advisory Council gives me the opportunity to have a say in public policy that I wouldn't otherwise get, due to me being in private practice," Ms Frankcom said. "I am one of the few private practitioners on the Council, and through this I am able to help provide input to the PHN regarding the experience of clinicians in the catchment, and in my particular case, about the mental health needs of the community."

"The PHN really wants to hear what clinicians have to say, and the Council provides a gateway for this."

The Clinical Advisory Council plays an essential role in helping to guide NWMPHN's work and ensure our efforts to strengthen primary health care and connect services across the health care system are successful. Established in September 2015, the Council consists of 13 clinical leaders and representatives whose focus is to provide support and advice to NWMPHN to ensure our communities' needs are being met.

Members of the Council are appointed for their individual skills and experience in guiding reform in primary care, along with their expertise in clinical engagement and their ability to work collaboratively.

Dr Ines Rio, Chair of both the Clinical Advisory Council and the NWMPHN Board, explained that the Council has come a long way since its establishment in 2016.

"The brief for the creation of the Clinical Advisory Council was that NWMPHN must work in

close collaboration with clinical representatives in our catchment in order to devise a sustainable framework for clinical engagement across our region," Dr Rio said.

"We have successfully achieved this, with a council of 13 diverse medical professionals that have been able to provide expert advice on population health priorities, service improvements, efficient use of existing health resources and generally improving health outcomes and the health care experience."

Similarly to Kaye, pharmacist Angelo Pricolo joined the Clinical Advisory Council because he wanted to have greater input into the primary health care system.

"I am involved in the Council as it is an opportunity to be able to make the wider PHN more aware of the underutilisation of pharmacy in primary health care," Mr Pricolo said. "Through my position on the Clinical Council I am able to try and open the



Left to right: A/Prof Ralph Audehm, A/Prof Kwang Lim, Dr Kudzai Kanhutu, Kaye Frankcom, Dr Ines Rio (Chair), Samantha Read, Tung Le.

Photo: Leigh Henningham

eyes of the Council and the PHN to the opportunities that are, in some instances, overlooked.”

Being the only pharmacist on the Council, Mr Pricolo is able to provide expertise and advice that can benefit not only our PHN, but other PHNs across Australia.

“If you look at the Clinical Councils across the country, there aren’t a lot that have a pharmacist. As we have such a large PHN I think it’s important to have input from the pharmacy sector, because if we have more initiatives that include pharmacy then there’s a possibility that some of the other PHN’s that don’t have direct input from pharmacists can learn from us.”

The members of the Clinical Council represent the entirety of the clinicians in our catchment, rather than the interests of their employing organisations. Through this, the members are able to give advice and expertise on the unique needs of the

region and the areas they believe are in need of attention.

“I have a special interest in addiction medicine, and through this I have become focused on the need for safe injecting rooms. Recently I helped set up a safe injecting room in Richmond, and I have been able to utilise the Clinical Council, and furthermore the PHN, to promote this initiative and get the word out,” Mr Pricolo said.

While the establishment of both a Clinical Advisory Council and a Community Advisory Council was a compulsory component of all PHNs, in NWMPHN’s case at least they have proven to be especially beneficial to the organisation.

Dr Rio believes the diversity of the members involved on the Council is integral to its success and unity. “We have such a vast range of members, from general practitioners such as myself, to pharmacists, psychologists, maternal child health nurses and other various medical professionals.

This is why, I believe, our Clinical Advisory Council has shone in terms of supporting the development of engagement activities, and ensuring they are cost effective and locally relevant to the areas of work NWMPHN are currently commissioning. Having a diverse range of opinions and voices is both interesting and challenging, and I believe the Council is better for it.”

The Council meets four times a year to respond to issues, provide clinical insight and direction and discuss medical practitioner engagement to support NWMPHN’s objectives. The Clinical Council has met twice this year, in March and June, and will meet again later in the year to continue their important work advising the NWMPHN Board.